	AUTHORIZED	Telecommuni DUTILITY			/E FORM	
	CER	RTIFICATED COM	MPANY INFOR	MATION		
Company Name: TriCoLink, Inc.			FEIN/SSN:			
DBA/FKA: TriCoLink				Telephone #		
Mailing Address:	P.O. Box 217					
City: St. Matthews		State: SC	State: SC		ZIP Code: 29135	
ILEC	IXC		CLEC		Wireless ETC	
	F	REGISTERED AG	ENT INFORMA	TION	THE STATE OF THE STATE OF THE STATE OF	
Registered Agen	t: Chad Lowder		unarramanta in traditional antido antido antido a francisco de la composição de la composição de la composição		kan, etti ja palas sikon yhdi er gertikist in dessyyttija sika almays apprajana eraket silven kään etti silven kan etti silven kään etti	
Mailing Address:	P.O. Box 217					
City: St. Matthews		State: SC	State: SC		ZIP Code: 29135	

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

46, All 18		31				
and the second s	UTILIT	Y REPRESE	NTATIVE INFORM	MATION		
General Manager		and the second s				
Name: Chad Lowder						
Address: P.O. Box 217						
City: St. Matthews	State: SC		ZIP Code: 29135	ZIP Code: 29135		
Phone: 803-874-1300	wder@tce.coop		Fax:	Fax:		
Emergency Contact - Non	Office Hou	rs				
Name: Chad Lowder						
Phone: 803-682-3404	Email: clo	wder@tce.c	oop	Fax:		
Customer Relations/Comp	olaints Rep					
Name: Sherry Gilford-Green	е					
Address: P.O. Box 217						
City: St. Matthews	City: St. Matthews			ZIP Code: 29135	ZIP Code: 29135	
Phone: 803-655-1010	Email: sgilf	fordtricolink@	@tce.coop	coop Fax:		
Complaints Rep for Comp	laint Escala	tion				
Name: Michael Weeks						
Address: P.O. Box 217			one age and to got the total and addition of the constant age to got from 44 to constant to the constant and			
City: St. Matthews	State: SC		ZIP Code: 29135	ZIP Code: 29135		
Phone: 803-655-1016	Email: mweeks@tce.coop		Fax:			
Customer Toll Free Conta	ct Number:	877-546-58	23			
Engineering Operations						
Name: Louis Arsenault						
Address: P.O. Box 217						
City: St. Matthews		State: SC		ZIP Code: 29135	ZIP Code: 29135	
Phone: 803-655-1030	Email: lars	ail: larsenaulttricolink@tce.coop Fa		Fax:	ax:	
Test and Repair	Annual Company of the				TE	
Name: Louis Arsenault				ECEI	4 - 3	
Address: Same as above				RE	2023	
City:		State: ZI		ZIP Code: MAR 3	MILL	
Phone:	Email:			Fax:	-SC	
				PS ⁽	office	
				Clerk	-	

· UTILITY REPRESENTATIVE INFORMATION						
Regulatory Officer						
Name & Title: Tricia Phillips, Controller						
Address: P.O. Box 217						
City: St. Matthews		State: SC		ZIP Code: 29135		
Phone: 803-655-1020	Phone: 803-655-1020 Email: ppi		hillipstricolink@tce.coop			
Annual Report Form Mailings						
Name & Title: Tricia Phillips, Controller						
Address: Same as above						
City:		State:		ZIP Code:		
Phone:	Email: Fax:			Fax:		
Dual Party Invoice Mailing	ıs					
Name & Title: Tricia Phillips, Controller						
Address: Same as above						
City:		State:		ZIP Code:		
Phone:	Email:			Fax:		
Universal Service Fund Ma	ilings					
Name & Title: Tricia Phillips,	Controller					
Address: Same as above						
City:		State:		ZIP Code:		
Phone:	Phone: Email:					
Gross Receipts Mailings						
Name & Title: Tricia Phillips, Controller						
Address: Same as above						
City:		State:		ZIP Code:		
Phone:	Email:		Fax:			
Lifeline Contact						
Name & Title: Michael Week	s, Chief Ad	ministrative Officer				
Address: Same as above						
City:		State:	ZII	P Code:		
Phone:	Email:		Fa	x:		

FORM PREPARER INFORMATION				
This form was completed by: Tricia Phillips				
Signature: NCIC NOS				
Title: Controller	Date: 3/28/22			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201